

Van Buren School District Employment Application



Van Buren School District
Human Resources
2221 Pointer Trail East
Van Buren, AR 72956

- * Applications for employment with the Van Buren School District are accepted without regard to gender, race, color, national origin, handicap/disability, age, religion, or political affiliation.
- * Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.
- * Applications are kept on file for one year.
- * Applications filed do not create a contract of employment with the Van Buren School District. Individuals hired will also be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.

VBSD APPLICATION FOR EMPLOYMENT— CERTIFIED STAFF



- Please answer **all** questions which apply to you. If they do not apply, mark them N/A. Print, type, or write legibly.
- Incomplete applications **WILL NOT** be considered.
- Misleading or incomplete statement could lead to your rejection as an applicant or your subsequent dismissal as an employee.

DATE RECEIVED IN PERSONNEL OFFICE	

Subsequent Renewal/Activity Dates:	
1. _____	6 _____
2. _____	7 _____
3. _____	8 _____
4. _____	9 _____
5. _____	10 _____

NAME: Last		First		Middle Initial		Preferred First Name	
Social Security Number			Position(s) Applying For: Vacancy Number Code:				
Complete Mailing Address				City		State	ZIP Code
Home Phone Number () ()		Work Phone Number () ()		Message or Other Phone Number		E-Mail Address	

GENERAL INFORMATION

To ensure consideration for an employment interview, **applicant must provide the following documents to complete the application file:**

1. **Resume**
2. **College transcripts (photocopies are acceptable)**
3. **College placement file or two professional references**
4. **Photocopy of Praxis/NTE scores**
5. **Photocopy of teaching license (Arkansas and/or other) or eligibility for AR teaching license**
6. **Signed Consent Form**

Position for which you are applying: Teacher Administrator Specialist Specific: _____

Date available for employment: _____ Are you currently under contract? No Yes If Yes explain:

Have you filed an application with Van Buren School District within the last year? No Yes
If Yes, position applied for: _____

POSITION DESIRED

Check appropriate:

<input type="checkbox"/> Full-time	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Counselor-Elementary	<input type="checkbox"/> Music-Band	<input type="checkbox"/> Special Education	<input type="checkbox"/> Administrator:
<input type="checkbox"/> Part-time	<input type="checkbox"/> Elementary	<input type="checkbox"/> Counselor-Secondary	<input type="checkbox"/> Music-Choral	<input type="checkbox"/> Speech Pathologist	_____
	<input type="checkbox"/> Junior High	<input type="checkbox"/> Gifted & Talented	<input type="checkbox"/> Music-Orchestra	<input type="checkbox"/> Other Specialist:	<input type="checkbox"/> Other Specific:
	<input type="checkbox"/> Senior High	<input type="checkbox"/> Media Specialist	<input type="checkbox"/> PE/Coach	_____	_____

Number in order of preference those elementary grades you wish to teach:
 _____ K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ K-6 (Special Education, Music, Media, etc.) _____ Pre-K

List secondary subjects you are licensed to teach: _____

List other subjects you could teach and the number of semester hours earned in these areas: _____

Check the extracurricular activities or clubs which you would be willing to sponsor or assist:

<input type="checkbox"/> Drama	<input type="checkbox"/> Cheerleaders	<input type="checkbox"/> Pep Club	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Athletics/Sports	<input type="checkbox"/> Music Areas
<input type="checkbox"/> Debate	<input type="checkbox"/> Drill Team	<input type="checkbox"/> Student Council	<input type="checkbox"/> Yearbook	<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Other

LICENSURE

State Issuing License	Expiration Date	Area(s) of Licensure					
_____	_____	1. _____	2. _____	3. _____	4. _____	5. _____	6. _____
_____	_____	1. _____	2. _____	3. _____	4. _____	5. _____	6. _____
_____	_____	1. _____	2. _____	3. _____	4. _____	5. _____	6. _____

If you do not currently hold an Arkansas teaching license, describe your status: _____

EDUCATION HISTORY

Name and Address of School	From		To		Course of Study	Did you Graduate?	Diploma/Degree Received
	Mo.	Yr.	Mo.	Yr.			

TEACHING EXPERIENCE

Beginning with your most recent experience list all regular teaching experience in public and private schools and in colleges and universities. (Attach additional page as needed.)

<p>1) Inclusive dates of service: _____ — _____ <small>Month & Year Month & Year</small></p> <p>School _____ Name of immediate Supervisor: _____</p>	<p>Assignment: _____ Grade Level/Subject: _____ Assignment was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____</p>
<p>2) Inclusive dates of service: _____ — _____ <small>Month & Year Month & Year</small></p> <p>School _____ Name of immediate Supervisor: _____</p>	<p>Assignment: _____ Grade Level/Subject: _____ Assignment was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____</p>
<p>3) Inclusive dates of service: _____ — _____ <small>Month & Year Month & Year</small></p> <p>School _____ Name of immediate Supervisor: _____</p>	<p>Assignment: _____ Grade Level/Subject: _____ Assignment was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____</p>
<p>4) Inclusive dates of service: _____ — _____ <small>Month & Year Month & Year</small></p> <p>School _____ Name of immediate Supervisor: _____</p>	<p>Assignment: _____ Grade Level/Subject: _____ Assignment was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____</p>
<p>5) Inclusive dates of service: _____ — _____ <small>Month & Year Month & Year</small></p> <p>School _____ Name of immediate Supervisor: _____</p>	<p>Assignment: _____ Grade Level/Subject: _____ Assignment was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____</p>

MILITARY SERVICE

List full-time service in the U.S. Armed Forces:

Inclusive dates of service: _____ — _____ **Branch of Service:** _____
Month & Year Month & Year

NON-TEACHING EXPERIENCE

Beginning with your most recent experience list all non – teaching experience: (Attach additional page as needed.)

1) Inclusive dates of service: _____ — _____ <small>Month & Year Month & Year</small> Company _____ Name of immediate Supervisor: _____ _____	Position: _____ Position was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____
2) Inclusive dates of service: _____ — _____ <small>Month & Year Month & Year</small> Company _____ Name of immediate Supervisor: _____ _____	Position: _____ Position was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____
3) Inclusive dates of service: _____ — _____ <small>Month & Year Month & Year</small> Company _____ Name of immediate Supervisor: _____ _____	Position: _____ Position was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____

REFERENCES

Provide at least five references, including principals and superintendents for whom you have most recently taught and one additional person who can attest to your character and qualifications.

1) Name: _____ Title: _____ Phone: (____) _____
 Street address: _____ City: _____ State: _____ Zip: _____

2) Name: _____ Title: _____ Phone: (____) _____
 Street address: _____ City: _____ State: _____ Zip: _____

3) Name: _____ Title: _____ Phone: (____) _____
 Street address: _____ City: _____ State: _____ Zip: _____

4) Name: _____ Title: _____ Phone: (____) _____
 Street address: _____ City: _____ State: _____ Zip: _____

5) Name: _____ Title: _____ Phone: (____) _____
 Street address: _____ City: _____ State: _____ Zip: _____

Disclosure:

Do you have a relative currently serving on the Van Buren School District Board of Education?

No Yes If yes, complete the following:

Name: _____ Relationship: _____

Date of Service: _____

ORIGINAL STATEMENT

Please respond in your own handwriting.

Explain why you chose to enter the teaching profession and describe your career goals in the profession.

APPLICANT'S ACKNOWLEDGMENT, AUTHORIZATION, AND RELEASE

Read carefully before signing.

Application forms are sent to all who request them, regardless of existing vacancies. The issuance of such forms does not signify that the applicant is under consideration for employment. An application remains active for a period of one year and must be renewed following this period. If recommended for employment, a criminal background check and physical entrance examination may be required to be satisfactorily completed before an applicant will be employed.

I certify that the information given by me in this application is true and correct without omissions of any kind. I agree that the Van Buren School District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the Van Buren School District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the Van Buren School District any information they may have regarding me. In consideration of the Van Buren School District's review of this application, I hereby release the District as well as other providers of information from any liability and for any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Signed: _____
Applicant

Date: _____

In compliance with federal nondiscrimination laws, the Van Buren School District does not discriminate in employment and education practices relative to race or national origin (Title VI of the Civil Rights Act of 1964 disability (section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act), gender (Title IX of the Education Amendments of 1972), or age (The Age Discrimination Act of 1975). The contact person for all the above civil rights areas is the Deputy Superintendent, Van Buren School District, 2221 Pointer Trail East, Van Buren, Arkansas 72956, phone (479) 474-7942, fax (479) 471-3146.

Send application and required documents (resume, photocopies of college transcripts, college placement file or references, photocopy of Praxis/NTE scores, photocopy of teaching license or licensure eligibility, and signed Consent Form) to:

**Personnel Office
Van Buren School District
2221 Pointer Trail East
Van Buren, Arkansas 72956**

(PAGE FIVE IS FOR ADMINISTRATOR APPLICANTS ONLY)

ACHIEVEMENTS & PHILOSOPHY

As an addendum to this application for VBSD employment, please attach a written summary of:

1. What you consider to be your most important contribution in the field of education and/or your most significant accomplishment as a school administrator.
2. Your educational philosophy and leadership style.
3. Memberships in professional, civic, and community organizations and offices held/honors received.
4. What you consider the single most important issue facing public schools in the United States.

Signature

Date

CONSENT FORM

To the Applicant:

Please complete the Consent Form below and submit it with all pages of your Application for Employment. A SIGNED AND DATED CONSENT FORM IS A REQUIRED APPLICATION DOCUMENT.

CONSENT FORM

I, _____, _____
 Applicant (PLEASE PRINT FULL NAME) Social Security Number

hereby give consent to any and all previous employers of mine to provide information regarding my employment with previous employers to the Van Buren School District.

This consent is given in accordance with Act 1474 of the 1999 General Assembly of the State of Arkansas.

Signed: _____ **Date:** _____
 Applicant

ACT 1474

“AN ACT TO PROVIDE CURRENT AND FORMER BUSINESS EMPLOYERS WITH PROTECTION FOR PROVIDING JOB INFORMATION ABOUT CURRENT OR FORMER EMPLOYEES TO PROSPECTIVE EMPLOYERS.”

Be It Enacted By The General Assembly Of The State Of Arkansas:

SECTION 1. (a) A current or former employer may disclose the following information about a current or former employee's employment history to a prospective employer of the current or former employee upon receipt of written consent from the current or former employee:

- (1) Date and duration of employment;
- (2) Current pay rate and wage history;
- (3) Job description and duties;
- (4) The last written performance evaluation prepared prior to the date of the request;
- (5) Attendance information;
- (6) Results of drug or alcohol tests administered within one (1) year prior to the request;
- (7) Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
- (8) Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and
- (9) Whether the employee is eligible for rehire.

(b) The current or former employer disclosing such information shall be presumed to be acting in good faith and shall be immune from civil liability for the disclosure or any consequences of such disclosure unless the presumption of good faith is rebutted upon a showing, by a preponderance of the evidence, that the information disclosed by the current or former employer was false and the current or former employer had knowledge of its falsity or acted with malice or reckless disregard for the truth.

SECTION 2. The consent required in Section 1 must be on a separate form from the application form, or, if included in the application form, must be in bold letters and in larger typeface than the largest typeface in the text of the application form. The consent form must state, at a minimum, language similar to the following:

“I, (applicant), here by give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to (prospective employer).”

The consent must be signed and dated by the applicant. The consent will be valid only for the length of time that the application is considered active by the prospective employer, but in no event longer than six (6) months.

SECTION 3. The provisions of this act shall also apply to any current or former employee, agent, or other representative of the current or former employer who is authorized to provide and who provides information in accordance with the provisions of this act.

SECTION 4. (a) This act does not require any prospective employer to request employment history on a prospective employee and does not require any current or former employer to disclose employment history to any prospective employer.

(b) Except as specifically amended herein, the common law of this state remains unchanged as it relates to providing employment information on present and former employees.

(c) This act shall only apply to causes of action accruing on and after the effective date of this act.

SECTION 5. The immunity conferred by this act shall not apply when an employer or prospective employer discriminates or retaliates against an employee because the employee or the prospective employee has exercised, or is believed to have exercised, any federal or state statutory right or undertaken any action encouraged by the public policy of this state.

SECTION 6. Codification Clause.

SECTION 7. Severability Clause.

SECTION 8. Repealing Clause.

Arkansas Department of Education Highly Qualified Teacher Designation Form (SINGLE SUBJECT)

A highly qualified teacher (HQT) must have at least a bachelor’s degree; must be appropriately licensed to teach; and must demonstrate content knowledge in the subject area. This form may be used by any Arkansas teacher for whichever HQT status is being sought.

Teacher Name _____ Date _____

School _____ School District _____

Choose level of HQT status being sought.

If applicable choose the subject area.

Early Childhood/Elementary K-6

English

Middle Childhood/Grades 4-8

Reading or Language Arts

Secondary/Grades 7-12

Mathematics

Science

Art

Social Studies

Music

Foreign Language: (Specify Language _____)

1) BACHELOR’S DEGREE (Provide the appropriate information and documentation.)

Degree _____ Date Awarded _____ Institution _____

2) ARKANSAS TEACHING LICENSE (Check one and provide the appropriate information.)

INITIAL

NTLP PROVISIONAL

STANDARD

RECIPROCITY PROVISIONAL (all requirements except AR History course)

Area _____ Level _____ Expiration Date _____

3) DEMONSTRATION OF CONTENT KNOWLEDGE IN THE SUBJECT OR AREA? (Check A or B or C, and provide the appropriate information and documentation.)

3. A. Passed the Praxis Content Knowledge assessment, or licensure content test in another state.

Assessment _____ Score _____ Date taken _____

OR

3.B. I am a Middle School or Secondary teacher and I have a major, or coursework equivalent to a major (24 credit hours), or graduate degree, or National Board Certification in the area. (Explain)

OR

3.C. I am a Veteran teacher and I have accumulated ≥ 100 points in this area on the ARHOUSSE criteria survey.

Score= _____ (Attach a copy of the ARHOUSSE form.)

4) Are you HQT (i.e., do you have all of 1, 2, and 3 above)? Yes _____ No _____

If you do not meet **all three criteria** (1, 2, & 3 above) you cannot be designated as highly qualified in this area at this time. In conjunction with your school/district administrator you are to develop, maintain and adhere to a written plan for becoming Highly Qualified in this area by the end of this school year.

Teacher’s Signature _____

Date _____

School Or District Administrator’s Name _____

School or District Administrator’s Signature _____

Date _____

TEACHERS ARE TO ATTACH ALL APPROPRIATE DOCUMENTATION. COPIES OF ALL ARE TO BE MAINTAINED BY THE TEACHER AND KEPT ON FILE IN THE SCHOOL DISTRICT.

Rev. 8/30-96

EQUAL EMPLOYMENT DATA

This section is designed to collect information which will be used in the completion of various state and federal reports and will not be used in the processing of, or remain part of, your application.

The completion of this section is voluntary. The form must be returned, even if left blank.

Applicant's name: _____
 Social Security number: _____
 Date of birth _____ Male Female

- **Check one of the six (6) races listed which you consider yourself to be.**
 - Asian or Pacific Islander
 - Black (non-Hispanic)
 - Hispanic
 - American Indian or Alaskan Native
 - White (non-Hispanic)
 - Nonresident Alien

- **Military History**
 If you believe you may be eligible for veterans' preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements which must be met in order to be eligible for veterans' preference. Under certain conditions the spouses, widows, or widowers of qualified veterans may also be eligible for veterans' preference. For consideration of veterans' preference, proof such as a DD-214, current letter from the Veterans Administration or other official documentation may be required.

 Have you served on active duty in the United States military, excluding Active Duty for Training (AcDuTra) and Reserve Military Annual Training (AT)? Yes No

 Branch of service: _____
 Date of entry: _____
 Date of discharge: _____
 Type of discharge: _____

- **How did you learn of this job opening?**
 - Newspaper Please specify: _____
 - Employment Security Department
 - Van Buren School District Vacancy announcement
 - Internet Please specify: _____
 - Educational institution Name of institution: _____
 - Other Explain: _____